

2019 SUMMER CONTRACT
HOURS: 7:00 am - 6:00 pm FEE: \$199.00 per week

Primary Parent _____ **CHILD'S NAME** _____
(responsible for billing) (Please register each child separately)

Address _____ Child's Birth Date _____
City and Zip Code _____ 2018-19 Grade _____
Home Phone _____ Work Phone _____ Have you been with Open Door before? _____ yes _____ no
Email _____ If yes, which center? _____

Second Parent _____ Circle T-Shirt size (youth) SM MED LRG XLRG
Second Parent Work Phone _____ Second Parent Email _____

Place a check mark (✓) in the boxes of the weeks you want to enroll your child.

READY, SET, GO	Challenge Week	Little Picasso	Survivor	Open Door's Got Talent	Little Einsteins	Little Chefs	A Little Buggy	All Ball	Sea Life
Week of →	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12
FULLERTON ES BEGINS TUESDAY 6/18									Not available
GUNPOWDER ES BEGINS TUESDAY 6/18									Not available
JACOBSVILLE ES BEGINS MONDAY 6/17									Not available
PINEY ORCHARD ES BEGINS MONDAY 6/17									
RIDGEWAY ES BEGINS MONDAY 6/17									

My child _____, 2018-2019 Grade _____, will be attending the Open Door Summer Camp. The box(es) checked above correspond with the center(s) and week(s) which my child will attend. **A non-refundable security deposit of \$199.00 per child**, along with the completed contract, is required to complete registration. The deposit will be applied to my child's last session of scheduled care. If my child misses one full week or any portion of a week, I must pay the full fee as contracted. Schedule changes and withdrawals must be requested in writing, with two weeks notice. A parent handbook is available at the Center on or prior to the first day of care, detailing the policies of the program. My signature on this contract, along with the non-refundable security deposit, indicates my agreement to the terms stated herein. Automatic payment by credit card is available by completing the back of this form.

SIGNATURE OF PARENT OR GUARDIAN DATE

Authorization for Emergency Medical Care

I hereby authorize Emergency Medical Care for my child if in the judgment of the staff treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I will be notified at the earliest possible time. I understand that I am financially responsible for any medical care or transportation expenses incurred on my child's behalf.

SIGNATURE DATE

AUTOMATIC PROCESSING ENROLLMENT FORM

Parent/Guardian: _____

Child(ren): _____

School Location: _____

Credit Card (circle one) VISA MASTERCARD DISCOVER

Account Number: _____

Expiration Date: _____

- I authorize Open Door to charge the above account on Friday of each week for child care fee(s) that my child(ren) will incur for the next week.
- I understand that a written notice is required to discontinue service prior to the week used for care.
- I understand that if my credit card is declined in a particular week, Open Door will submit it a second time. If it is declined a second time or any subsequent time, there will be a \$30 fee each time.

Signature

Date

Address (please print)